Should prescribing authority be shared with nonphysicians?

YES

Shirlee A. O'Connor RN(EC) NP-PHC

The question is not, "Should prescribing authority be shared?" but rather, "Why isn't prescribing authority shared?" The focus of the debate should be on patients. One of the most important ways for primary health care providers working as interprofessional teams to provide the best care for patients is by sharing appropriately the responsibility for prescribing medications.

The United Kingdom, 48 American states, and several Canadian provinces currently allow health professionals who are not physicians to prescribe. In the United Kingdom, these professionals have had prescribing authority since 1986. Health professionals who are not physicians often have more time to guide, support, and monitor patients. Better-educated patients can make better-informed decisions about taking prescribed treatments and often adhere more closely to treatment regimens.[1]

In light of human resource–related and fiscal realities in the health care sector, collaborative practice and interprofessional care are the new standard. We now have good evidence that interprofessional teams are more effective than traditional care models in managing chronic diseases.[2] There is a profound shortage of family physicians in Canada, and more than 4 million Canadians do not have access to family physicians. Government resources are being directed to family health teams, community health centres, and nurse practitioner–led clinics in order to improve access to primary care. Patients no longer seek out their family physicians for all their problems. Many people living in Ontario have nurse practitioners as their primary care providers.[3] Patients often go directly to physiotherapists or chiropractors when they injure their backs. They receive care directly from midwives, social workers, and dietitians. Pharmacists are playing new roles in medication management. A document published by the Health Council of Canada stated, "The role of prescriber is evolving with the goal of enhancing collaboration between physicians and other health care providers to potentially increase accessibility, choice, and quality of care for patients."[4] The doctor-patient relationship is only one of several important relationships between health care providers and their patients.

Given the changing nature of primary care practice, it makes sense that prescribing medications should not be the sole responsibility of physicians. Bill 179, the Ontario Regulated Health Professions Statute Law Amendment Act, introduced in the legislature on May 11, 2009, proposed to amend legislation governing a long list of regulated health professions in Ontario. The bill intends to "improve access to health care for Ontarians by enabling a number of health care professions to provide more services and improve patient safety,"[5] including access to prescription medications. For example, Bill 179 would allow many health professionals, including nurse practitioners, pharmacists, midwives, and dietitians, to provide more services—services they are currently educated and competent to perform. These services include prescribing medications and ordering laboratory and diagnostic tests. In addition, Bill 179 will require regulated health professional colleges "to work together to develop common standards of knowledge, skill, and judgment in areas where their professions may provide the same or similar services."[5]

All regulated health care professionals are legally responsible for their own practices. They must maintain their competence according to the standards set by their colleges. They carry their own malpractice insurance coverage. Their concern is self-regulation that focuses on patient safety.

Family physicians who work with nurse practitioners can attest to their ability to assess and treat patients within their scope of practice. How often have family physicians been called upon to "okay" a prescription for a patient who is being seen by a nurse practitioner? The document is signed and rarely even questioned, because a collaborative relationship and a sense of trust have developed between physician and nurse practitioner. The physician knows that the nurse practitioner's

continued on page 1178

Cet article se trouve aussi en français à la **page 1179.**

The parties in this debate refute each other's arguments in rebuttals available at **www.cfp.ca.** Join the discussion by clicking on **Rapid Responses.**

YES *continued from page 1176*

knowledge and skill have allowed him or her to make the appropriate choice of medication in the first place.

Is prescribing something that physicians should share with other health professionals? Absolutely, because it is good for patients and good for our health care system!

Ms O'Connor is a primary care nurse practitioner in the Family Practice Health Centre at Women's College Hospital in Toronto, Ont.

Competing interests
None declared

Correspondence
Ms Shirlee O'Connor, Women's College Hospital, Family Practice Health Centre, 60 Grosvenor St, Toronto, ON M5S 1B6; telephone 416 323-6400, extension 4673; fax 416 323-6402; e-mail **Shirlee.Oconnor@wchospital.ca**

References

1. Bradley E, Nolan P. *Non-medical prescribing.* Cambridge, UK: Cambridge University Press; 2008.
2. Russell GM, Dahrouge S, Hogg W, Geneau R, Muldoon L, Tuna M. Managing chronic disease in Ontario primary care: the impact of organizational factors. *Ann Fam Med* 2009;7(4):309-18. Available from: **www.annfammed.org/cgi/content/short/7/4/309?rss=1**. Accessed 2009 Nov 2.
3. Sudbury District Nurse Practitioner Clinics [website]. *Backgrounder: Sudbury district nurse practitioner clinics.* Sudbury, ON: Sudbury District Nurse Practitioner Clinics; 2008. Available from **http://sdnpc.ca/about-us/backgrounder-sudbury-district-nurse-practitioner-clinics.html.** Accessed 2009 Nov 2.
4. Sketris I, Langille IE, Lummis H. *Optimal prescribing and medication use in Canada: challenges and opportunities.* Toronto, ON: Health Council of Canada; 2007.
5. Ontario Ministry of Health and Long-Term Care. *Regulated health professions statute law amendment act, 2009.* Toronto, ON: Ontario Ministry of Health and Long-Term Care; 2009. Available from: **www.health.gov.on.ca/english/public/legislation/regulated/regulated_health_professions.html.** Accessed 2009 Nov 2.

CLOSING ARGUMENTS

- Health care professionals who are not physicians have been prescribing for many years in the United Kingdom, the United States, and many Canadian provinces. We in Ontario can learn from their experiences.
- Patients deserve the best quality care provided by the right person at the right time.
- Other health care professionals have the knowledge, skill, and judgment to prescribe medications safely and effectively for patients, and, in fact, are currently hampered by their limited ability to prescribe.
- Collaborative, interprofessional practice is the new standard for primary care, and collaborative teams are more effective at managing chronic diseases.

NO *continued from page 1177*

Physicians should have the right to take on other professionals who act under their authority. We should provide physicians with the financial means to achieve this. In so doing, we would greatly improve the public's access to and the quality of services. Isn't this how most other health professionals in Canada operate? Let's provide Canadian family physicians with this model of care; it can only improve the quality of the health care we deliver to the public and will enable us to avoid a loss of control.

Lastly, for anyone who wishes to make diagnoses and prescribe medication, enrolling in a faculty of medicine is always an option.

Dr Desroches is a clinical medical practitioner in Saint-Pie, Que, and President of the Association des médecins omnipracticiens de Yamaska in Quebec.

Competing interests
None declared

Correspondence
Dr Jacques Desroches, 75 St-François, St-Pie, QC J0H 1W0; e-mail **Jacquesdesroches@hotmail.com**

CLOSING ARGUMENTS

- Making diagnoses and prescribing medication are the very essence of a doctorate in medicine.
- Any changes to the laws must be accompanied by a review of each of the regulations governing the professional orders in order to ensure competitive equity.
- All those who would like the right to make diagnoses and prescribe medication must sit the same examination granting the right to practise medicine.